## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 1200.734

| CLAIMS AS FILED - PART I |   |  |                 |  |                       |                                       |       | SMALL ENTITY       |                        |                           | 07115               |  |
|--------------------------|---|--|-----------------|--|-----------------------|---------------------------------------|-------|--------------------|------------------------|---------------------------|---------------------|--|
| L                        |   |  | (Col            | lumn 1)  | (Column 2)            |                                       | TYPE  |                    | Of                     | OTHER THAN R SMALL ENTITY |                     |  |
| U.S. NATIONAL STAGE FEES |   |  |                 |  |                       |                                       |       | RATE               | FEE                    | 7                         | RATE                | FEE  |
| B/                       | SIC FEE   |  | SMALL E         | SMALL ENT. = \$ 150  |                       | RGE ENT. = \$ 300                     | 7     | BASIC FEE          |                        | OF                        | BASIC FEE           | 30   |
| ΕX                       | AMINATION   | FEE  |                 | T Article 33(1)-<br>50 / \$ 100                                      | All                   | other situations = \$ 100 / \$ 200    | ]     | EXAM. FEE          |                        | 1                         | EXAM. FEE           | 20   |
| SE                       | ARCH FEE  |  | ALL other       | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                       | other situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE         |                        |                           | SEARCH FEE          | 11.  |
| FE                       | E-FOR-EXTRA   | SPEC. PGS.   | 127"            | minus 100 =  |                       | /50 =                                 | 1     | X \$ 125 =         | <u> </u>               | 1-                        | X \$ 250 =          | 1  |
| то                       | TAL CHARGE  | ABLE CLAIMS  | 1               | / minus 20 = .   |                       |                                       | 1     | X \$ 25 =          |                        | OR                        | X \$ 50 =           | 1  |
| INC                      | EPENDENT (  | CLAIMS   |                 | minus 3 =  |                       |                                       | 1     | X \$ 100 =         |                        | OR                        | X \$ 200 =          | 1  |
| MU                       | LTIPLE DEPE   | NDENT CLAIM PI   | RESENT          | SENT   |                       |                                       |       | + \$ 180 =         |                        | OR                        | + \$ 360 =          | <del>                                     </del> |
| * 11                     | If the difference in column 1 is less than zero, enter "0" in column 2        |  |                 |  |                       |                                       |       | TOTAL              |                        | OR                        | TOTAL               | 400  |
|                          | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |                 |  |                       |                                       |       | SMALL E            |                        | OR                        | OTHER<br>SMALL I    |  |
| NT A                     |   | REMAINING<br>AFTER<br>AMENDMENT  |                 | NUMB<br>PREVIOU<br>PAID F  | ER<br>USLY            | PRESENT<br>EXTRA                      |       | RATE               | ADDI-<br>TIONAL<br>FEE |                           | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| AMENDMENT                | Total   | * .  | Minus           | **   |                       | =                                     |       | X \$ 25 =          |                        | OR                        | X \$ 50 =           |  |
| AME                      | Independent   | •  | Minus           | ***  |                       | =                                     |       | X \$ 100 =         |                        | OR                        | X \$ 200 =          |  |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |  |                 |  |                       |                                       | I     | + \$ 180 =         |                        | OR                        | + \$ 360 =          |  |
|                          |   |  |                 |  |                       |                                       |       | FEE                | -                      | OR                        | TOTAL ADDIT.<br>FEE |  |
|                          |   | (Column 1)   |                 | (Columr  | n 2)                  | (Column 3)                            |       |                    |                        |                           |                     |  |
| ביאו ס                   | ·   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                 | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO                                | R<br>SLY              | PRESENT<br>EXTRA                      |       | RATE               | ADDI-<br>TIONAL<br>FEE |                           | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|                          | Total   | *  | Minus           | **   |                       | =                                     | Γ     | X \$ 25 =          |                        | OR                        | X \$ 50 =           |  |
|                          | ndependent  | *  | Minus           | ***  |                       | =                                     |       | X \$ 100 =         |                        | OR                        | X \$ 200 =          |  |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |  |                 |  |                       |                                       |       | + \$ 180 =         |                        | OR                        | + \$ 360 =          |  |
|                          |   |  |                 |  |                       |                                       | T     | OTAL ADDIT.<br>FEE | •                      | OR                        | TOTAL ADDIT.<br>FEE |  |
| H                        | the "Highest Nur<br>the "Highest Nur  | nn 1 is less than the<br>nber Previously Paid<br>nber Previously Paid<br>ber Previously Paid I | For" IN THIS SE | PACE is less the PACE is less the                                    | an '20',<br>an '3', e | enter "20".<br>enter "3".             | the a | ppropriate box ir  | i column 1.            |                           |                     |  |